MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/593,852	09-22-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3				1			53						
4				1			54						
5		1		1			55						
6		1		1			56						
7	1		1				57						
8		7					58						
9		8 —		2			59						
10		8 —		1			60						
11		8 —		1			61						
12				1			62						
13		8 —		2			63						
14		8 —					64						
15		8 —					65						
16		8 —					66						
17		8 —					67						
18		8 —					68						
19	1						69						
20	1						70						
21				1			71						
22	1						72						
23		8 —		1			73						
24		8 —		2			74						
25							75						
26							76						
27		8 —		2			77						
28		8 —		1			78						
29		8 —		2			79						
30		8 —		2			80						
31		8 —					81						
32				2			82						
33		2					83						
34		8 —					84						
35		8 —					85						
36		8 —					86						
37		8					87						
38		8		2			88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		2				TOTAL IND.						
TOTAL DEP.	39		21				TOTAL DEP.						
TOTAL CLAIMS	45		23				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

Barbara Campbell, PCT National Stage

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